Introducing the Maternal Infant Health Program

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Today's Presentation

- Matrix Development
- Matrix Domains
- Matrix Purpose
- Review Matrix
- Review the Draft Smoking/Tobacco Domain
- Where We Go From Here

Matrix Development

- Literature Driven
- Best Practices
- Science Less Precise

Matrix Development

- Guideline or Clinical Pathway Development
 - Varying levels of evidence
 - Expert opinion
 - Field feedback
 - Continuous Quality Improvement
- Matrix Will Evolve (at least annually)

Matrix Development

- Faculty Input
- Community Feedback
- Steering Committee Feedback
- Redesign Workgroup Feedback

Matrix Domains

Match the Screening & Assessment Tool Domains

Matrix Purpose

- Define Program Goals & Objectives
- Define Low & High Risk Stratification
- Delineate Interventions by Risk Level
- Specify Program Measurements
- Establish Program Outcomes

Smoking/Tobacco Use Domain

Negative Screen

No tobacco use.

All women given information on the effects of tobacco use/second hand smoke during pregnancy and infancy. Information will also be provided regarding smoking cessation programs in the community that partners could attend.

Smoking/Tobacco Use Domain

POSITIVE SCREEN/RISK STRATIFICATION LEVEL	INTERVENTION
Low: Smoking one pack per day or less	 Coordinate with OB provider and/or health plan. Ensure 5A intervention is delivered. If not directly delivered, the MIHP provider follows progress with minimum of 1-2 phone calls. Based on assessment, if client is determined to be unready to change, provide educational materials and reassess: In 30 days if less than 28 weeks gestation. In 14 days if greater than 28 weeks gestation. If client is still unready to change, ensure that client and OB provider know how to obtain cessation services if she becomes ready.

Smoking/Tobacco Use Domain

POSITIVE SCREEN/RISK STRATIFICATION LEVEL	INTERVENTION
High: Smoking more than one pack per day.	 Coordinate efforts with OB provider and/or health plan. Ensures 5A intervention delivered within 14 days of screening. Based on assessment, if client is determined to be unready to change, delivery intensive education/counseling weekly for four weeks. If client is still unready to change, refer for additional counseling in the community and/or educate client and coordinate with PCP or OB provider to initiate pharmacological therapy. Pharmacological therapy should be considered for all women in this group who are unable to quit.